

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		9/22/99
O.I.P.E. CLASSIFIER		78	9-24-99
FORMALITY REVIEW		7(480)	9-30-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓ 9/20/99
2	✓ 9/20/99
3	✓ 9/20/99
4	✓ 9/20/99
5	✓ 9/20/99
6	✓ 9/20/99
7	✓ 9/20/99
8	✓ 9/20/99
9	✓ 9/20/99
10	✓ 9/20/99
11	✓ 9/20/99
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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